



Personnel Action Form (PAF)

For rehires and changes to tax withholdings, terminations or deductions, please contact you Payroll Specialist for the appropriate forms.

Client Company: _____ Date: _____

Employee Name: _____ Social Security #: _____

Type of Change(s):

- Name Change Job/Department Change Address Change
 Pay Rate Change Leave of Absence Other: _____

Name Change:

New Name: _____

Job/Department Change:

Old Job Title: _____ Department: _____

New Job Title: _____ Department: _____

Change Effective Date: _____ New Workers Comp Code: _____

Address Change:

New Address: _____

City: _____ State: _____ Zip: _____

Pay Rate Change:

Old Rate: _____ New Rate: _____ Effective Date: _____

Leave of Absence:

From: _____ To: _____ Reason: _____

Other Changes/Comments:

Copy To: Employee Employee File National PEO Other: _____

Supervisor Signature: _____ **Date:** _____

Supervisor Print Name: _____ **Title:** _____